

Effective October 1, 2000

CLAIMS AS FILED - PART I

(Colunn 1:

Column 2

TOTAL CLAIMS		
CR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	67 minus 20 =	47
DEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

if the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	••	=
Independent	•	Minus	•••	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

## 13

OTHER THAN  
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
XS 9=		OR	XS18=	846
X40=		OR	X80=	16
+135=		OR	+270=	
TOTAL		OR	TOTAL	716

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	••	=
Independent:	•	Minus	•••	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐

RATE

ADDITIONAL  
FEE

RATE

TIONAL  
FEE

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	••	=
Independent	•	Minus	•••	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE

TIONAL  
FEE

RATE

TIONAL  
FEE

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
$\times \$ 9 =$		OR	$\times \$ 18 =$	
$\times 40 =$		OR	$\times 80 =$	
$- 135 =$		OR	$+ 270 =$	
TOTAL ADD. FEE		OR	TOTAL ADD. FEE	

University of Colorado, Boulder, Colorado 80502

\*The "Honest Number" Pre-quiz, Bad For IN THE SPACE session 2, entry 10

Write Habes Number Please. Put Box A YES SPACE in center of letter.

<sup>4</sup> *Journal of the American Medical Association*, 273, 1995, 1033-1034.